

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|--|
| 1. File Number U - 10943 | 2. Fiscal Year Covered From: 01 / 01 / 05 Through: 12 / 31 / 05 |
| 3. Name and address of person filing. Name Nicholas Williams P.O. Box, Bldg., Room No., if any Street 5580 Drexel City DET State MI ZIP Code + 48213 | 4. Name, file number, and address of labor organization. Name LABORERS' INTERNATIONAL UNION Labor Organization File Number 007-294 P.O. Box, Building and Room Number, if any Street 2727 Second AVE. Suite 323 City DETROIT State MI ZIP Code + 48201 |
| 5. Position in labor organization. FIELD REP / VICE PRES. | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State N/A ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Nicholas Williams

On

Date

7/6/06

Telephone Number

313) 964 7481

| | | |
|---|--|--|
| Name of Person Filing <u>RICARDO WILLIAMS</u> | | File Number U- |
| <p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p> | | |
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>LABORERS' METROPOLITAN DETROIT HEALTH CARE FUND</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>6525 CANTON DR.</u></p> <p>City <u>LANSING</u></p> <p>State <u>MI</u> ZIP Code + 4 <u>48917 - 9275</u></p> | | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | | <p>11.a. Nature of such dealing.</p> <p><u>TRUSTEE of FUTURE BENEFIT FUND</u> <u>RECEIVED REIMBURSEMENT FOR</u> <u>CONFERENCE EXPENSES.</u></p> <p>11.b. Approximate dollar value of such dealing: <u>\$ 2,561.52</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>ALL REIMBURSEMENTS ARE FOR</u> <u>EXPENSES DIRECTLY RELATED</u> <u>INCURRED IN MY CAPACITY</u> <u>AS TRUSTEE</u></p> <p>12.b. Amount: <u>2,561.52</u></p> |
| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | | <p>14.b. Amount of payment.</p> |

Laborers' Metropolitan Detroit Health Care Fund

Ricardo Williams

International Foundation of Employee Benefit Plans

Honolulu, Hawaii

November 13 - 16, 2005

SUMMARY of CONFERENCE EXPENSES

| <i>Airfare</i> | <i>Hotel Expense</i> | <i>Meals & Tips</i> | <i>Beverages & Tip</i> | <i>Local Transportation</i> | <i>Private Automobile</i> | <i>Parking Fees</i> | <i>Other</i> | <i>Total Expenses</i> | <i>Advance w/ Hotel Deposit</i> | <i>Amount Due or Owed*</i> |
|----------------|--------------------------|-----------------------------|--------------------------------|---------------------------------|-------------------------------|-------------------------|--------------|---------------------------|---|------------------------------------|
| 841.92 | 1,050.35 | 251.28 | 107.00 | 136.00 | 0.00 | 55.00 | 119.97 | 2,561.52 | 2,900.00 | (338.48) |

Check #986 for \$319.99 deposited 12/6/05

Owes the Fund \$18.50 for parking fees

*Negative Number denotes Trustee owes the Fund